Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NVS661HOS

NVS661HOS

STREET ADDRESS, CITY, STATE, ZIP CODE

6161 W CHARLESTON BLVD LAS VEGAS, NV 89102

FORM APPROVED

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

05/04/2010

SOUTHEDN NEVADA ADUUT MENTAL HEALTH SEDV			1 W CHARLESTON BLVD VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments		S 000		
	This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 5/4/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00025196 was substantiated with				
	deficiencies cited. (See Tag S0602)				
	A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patient and prevent such occurrences in the future. Intended completion dates and the mechanic established to assure ongoing compliance in be included.	nts The sm(s)			
	Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.				
	The findings and conclusions of any investig by the Health Division shall not be construct prohibiting any criminal or civil investigations actions or other claims for relief that may be available to any party under applicable fede state or local laws.	d as s,			
S 602 SS=I	NAC 449.394 Psychiatric Services		S 602		
33 .	3. A hospital shall develop and carry out pol and procedures for the provision of psychiat treatment and behavioral management serv that are consistent with NRS 449.765 to 449 inclusive, to ensure that the treatment and services are safely and appropriately used. hospital shall ensure that the policies and procedures protect the safety and rights of the patient.	ric ices 9.786, The			
	This Regulation is not met as evidenced by:				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 05/14/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS661HOS 05/04/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6161 W CHARLESTON BLVD **SOUTHERN NEVADA ADULT MENTAL HEALTH SERV** LAS VEGAS, NV 89102 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 602 S 602 Continued From page 1 Based on observation, interview, record review and document review, the facility failed to acknowledge and follow NRS 449.767, NRS 449.780 and NRS 449.786 for 10 of 10 patients reviewed. The facility failed to follow their Seclusion or Restraint of Patients policy for 10 of 10 patients reviewed. Findings include: A. Patient #1 was admitted to the facility on 4/26/10 with diagnoses including bipolar disorder and polysubstance dependence. The treatment/medication consent form was signed on 4/27/10. The medications authorized by the patient for staff to administer were Vistaril. Ambien and Trileptal. The patient did not authorize Abilify, Haldol, Klonopin, Depakote, Zyprexa and Benadryl to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient 's medical record. Patient #1 received an injection of Zyprexa and Ativan on 4/27/10 at 2:15 PM for agitation. There was no documented evidence of a nursing progress note found in the medical record regarding the behavior prior to and after receiving the injection. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division. B. Patient #2 was admitted to the facility on 4/15/10 with a diagnosis of schizoaffective disorder. The treatment/medication consent form

was signed on 4/17/10. The medications authorized by the patient for staff to administer were Prolixin, Zyprexa, Klonopin, Ativan,

Depakene, Depakote and Artane. The patient did not authorize Seroquel, Geodon and Benadryl to be administered. There was no documented

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Ativan, Depakote and Benadryl. The patient did not authorize Thorazine, and Zyprexa to be administered. There was no documented Denial

of Rights for Written Consent to Medical

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be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient 's medical record. Patient #6 received 12 injections from 4/18/10 to

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mental retardation. The treatment/medication consent form was signed on 4/26/10. The medications authorized by the patient for staff to administer were Seroquel, Ativan and Trileptal. The patient did not authorize Haldol, Zyprexa, Trazodone, Depakote or Benadryl to be

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to Medical Treatment found in the patient 's

Patient #10 received an injection of Benadryl,

medical record.

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